

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re HOVBROS FRIES MILL LLC
Debtor

Case No. 16-13893 (JNP)

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."
Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	Y	Y
Certificates of Insurance:		
Workers Compensation	N/A	
Property	Y	
General Liability	Y	
Vehicle	N/A	
Other:	N/A	
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account	Y	
General Operating Account	N/A	
Other:	N/A	
Other:		

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

4-26-16

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

4/26/16

Robert W Haslam
Printed Name of Authorized Individual

V.P. of Operations
Title of Authorized Individual

* Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re HOVBROS FRIES MILL LLC
Debtor

Case No. 16-13893 (JNP)

CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD: MARCH 2016 through FEBRUARY 2017

This schedule must be filed with the Court and a copy submitted to the United States Trustee within 15 days after the order for relief. Amended cash flow projections should be submitted as necessary.

	Month March	Month April	Month May	Month June	Month July	Month August	Month September	Month October	Month November	Month December	Month January	Month February	Total
Cash Beginning of Month	0.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	0.00
RECEIPTS													
CASH SALES													0.00
ACCOUNTS RECEIVABLE													0.00
LOANS AND ADVANCES		340.00	1,846.41	165.00	1,840.00	1,650.00	15.00	340.00	1,650.00	15.00	1,975.00	67.50	9,703.91
SALE OF ASSETS													0.00
OTHER (ATTACH LIST)													0.00
TOTAL RECEIPTS	0.00	340.00	1,846.41	165.00	1,840.00	1,650.00	15.00	340.00	1,650.00	15.00	1,975.00	67.50	9,703.91
DISBURSEMENTS													
NET PAYROLL													0.00
PAYROLL TAXES													0.00
SALES, USE, AND OTHER TAXES			1,831.41			1,835.00			1,835.00		1,835.00		6,536.41
INVENTORY PURCHASES													0.00
SECURED/ RENTAL/ LEASES													0.00
INSURANCE													0.00
ADMINISTRATIVE & SELLING		15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	67.50	217.50
OTHER (ATTACH LIST)													0.00
PROFESSIONAL FEES				150.00	1,500.00								1,650.00
U.S. TRUSTEE FEES		325.00			325.00			325.00			325.00		1,300.00
COURT COSTS													0.00
TOTAL DISBURSEMENTS	0.00	340.00	1,846.41	165.00	1,840.00	1,650.00	15.00	340.00	1,650.00	15.00	1,975.00	67.50	9,703.91
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cash End of Month	0.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

FORM 119-1
(9/99)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re HOVBROS FRIES MILL LLC
Debtor

Case No. 16-13893 (JNP)

CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD: MARCH 2016 through FEBRUARY 2017

Explanation

Administrative		Other	Professional Fees	
Annual Filing Fee	52.50	Feb '17	Accountant	1,500.00 July
Bank srv fees	15.00	monthly	Corp Srv - Legal	150.00 June

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re HOVBROS FRIES MILL LLC

Case No. 16-13893 (JNP)
Reporting Period: MARCH 2016

MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	Y	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	Y	x
Copies of bank statements			
Cash disbursements journals			
Statement of Operations	MOR-2	Y	
Balance Sheet	MOR-3	Y	
Status of Postpetition Taxes	MOR-4	Y	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Postpetition Debts	MOR-4	Y	
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging	MOR-5	Y	
Debtor Questionnaire	MOR-5	Y	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

4-26-16

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

4/26/16

Robert W. Haslam
Printed Name of Authorized Individual

V.P. of Operations
Title of Authorized Individual

* Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR
(9/99)

To: HOOVERBROS FRIES MILL, LLC
Debtor

Case No. 16-13893 (JNP)

Reporting Period: MARCH 2016

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" column should be taken from the SMALL BUSINESS INITIAL REPORT (FORM R-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. (See MOR-1 (CONT))

	BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	CHE	PAYROLL	TAX	OTHER	ACTUAL	PROJECTED	ACTUAL	PROJECTED
CASH BEGINNING OF MONTH	0.00				0.00	0.00	0.00	0.00
RECEIPTS								
CASH SALES								
ACCOUNTS RECEIVABLE								
LOANS AND ADVANCES								
SALE OF ASSETS								
OTHER (ATTACH LIST)								
TRANSFERS (FROM DIP ASSETS)								
TOTAL RECEIPTS	0.00				0.00	0.00	0.00	0.00
DISBURSEMENTS								
NET PAYROLL								
PAYROLL TAXES								
SALES, USE, & OTHER TAXES								
INVENTORY PURCHASES								
SECURITY RENTAL/LEASES								
INSURANCE								
ADMINISTRATIVE								
REPAIRS								
OTHER (ATTACH LIST)								
OWNER DRAW *								
TRANSFERS (TO DIP ASSETS)								
PROFESSIONAL FEES								
U.S. TRUSTEE QUARTERLY FEES								
CREDIT COSTS								
TOTAL DISBURSEMENTS	0.00				0.00	0.00	0.00	0.00
NET CASH FLOW								
(RECEIPTS LESS DISBURSEMENTS)	0.00				0.00	0.00	0.00	0.00
CASH - END OF MONTH	0.00				0.00	0.00	0.00	0.00

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	0.00
LESS: TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	\$
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from cash on hand)	\$
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	0.00

FORM MOR-1

(9/79)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re **HOVBROS FRIES MILL LLC**
Debtor

Case No. 16-13893 (JNP)

Reporting Period: MARCH 2016

Explanation

Hovbros Fries Mill did not have an active bank account. D.I.P. account will be opened in April.

In re HOVBROS FRIES MILL LLC
Debtor

Case No.16-13893 (JNP)
Reporting Period: MARCH 2016

STATEMENT OF OPERATIONS
(Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	Month	Cumulative Filing to Date
Gross Revenues	0.00	0.00
Less: Returns and Allowances	0.00	0.00
Net Revenue	0.00	0.00
COST OF GOODS SOLD		
Beginning Inventory	0.00	0.00
Add: Purchases	0.00	0.00
Add: Cost of Labor	0.00	0.00
Add: Other Costs (attach schedule)	0.00	0.00
Less: Ending Inventory	0.00	0.00
Cost of Goods Sold	0.00	0.00
Gross Profit	0.00	0.00
OPERATING EXPENSES		
Advertising	0.00	0.00
Auto and Truck Expense	0.00	0.00
Bad Debts	0.00	0.00
Contributions	0.00	0.00
Employee Benefits Programs	0.00	0.00
Insider Compensation*	0.00	0.00
Insurance	0.00	0.00
Management Fees/Bonuses	0.00	0.00
Office Expense	0.00	0.00
Pension & Profit-Sharing Plans	0.00	0.00
Repairs and Maintenance	0.00	0.00
Rent and Lease Expense	0.00	0.00
Salaries/Commissions/Fees	0.00	0.00
Supplies	0.00	0.00
Taxes - Payroll	0.00	0.00
Taxes - Real Estate	0.00	0.00
Taxes - Other	0.00	0.00
Travel and Entertainment	0.00	0.00
Utilities	0.00	0.00
Other (attach schedule)	0.00	0.00
Total Operating Expenses Before Depreciation	0.00	0.00
Depreciation/Depletion/Amortization	0.00	0.00
Net Profit (Loss) Before Other Income & Expenses	0.00	0.00
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	0.00	0.00
Interest Expense	0.00	0.00
Other Expense (attach schedule)	0.00	0.00
Net Profit (Loss) Before Reorganization Items	0.00	0.00
REORGANIZATION ITEMS		
Professional Fees	0.00	0.00
U. S. Trustee Quarterly Fees	325.00	0.00
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)	0.00	0.00
Gain (Loss) from Sale of Equipment	0.00	0.00
Other Reorganization Expenses (attach schedule)	0.00	0.00
Total Reorganization Expenses	325.00	0.00
Income Taxes	0.00	0.00
Net Profit (Loss)	-325.00	0.00

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-2

(9/99)

In re HOVBROS FRIES MILL LLC
Debtor

Case No. 16-13893 (JNP)
Reporting Period: MARCH 2016

STATEMENT OF OPERATIONS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Month	Cumulative Filing to Date
Other Costs		
Other Operational Expenses		
Other Income		
Other Expenses		
Other Reorganization Expenses		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:
Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

FORM MOR-2 (CON'T)
(9/99)

In re HOVBROS FRIES MILL LLC
Debtor

Case No 16-13893 (JNP)
Reporting Period MARCH 2016

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS		
Unrestricted Cash and Equivalents	0.00	0.00
Restricted Cash and Cash Equivalents (see continuation sheet)	11,467.37	11,467.37
Accounts Receivable (Net)	0.00	0.00
Notes Receivable	0.00	0.00
Inventories	0.00	0.00
Prepaid Expenses	0.00	0.00
Professional Retainers	0.00	0.00
Other Current Assets (attach schedule)	0.00	0.00
TOTAL CURRENT ASSETS	11,467.37	11,467.37
PROPERTY AND EQUIPMENT		
Real Property and Improvements	2,734,392.98	2,734,392.98
Machinery and Equipment	0.00	0.00
Furniture, Fixtures and Office Equipment	0.00	0.00
Leasehold Improvements	0.00	0.00
Vehicles	0.00	0.00
Less Accumulated Depreciation	0.00	0.00
TOTAL PROPERTY & EQUIPMENT	2,734,392.98	2,734,392.98
OTHER ASSETS		
Loans to Insiders*	0.00	0.00
Other Assets (attach schedule)	0.00	0.00
TOTAL OTHER ASSETS	0.00	0.00
TOTAL ASSETS	2,745,860.35	2,745,860.35

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	0.00	0.00
Taxes Payable (refer to FORM MOR-4)	0.00	0.00
Wages Payable	0.00	0.00
Notes Payable	0.00	0.00
Rent / Leases - Building/Equipment	0.00	0.00
Secured Debt / Adequate Protection Payments	0.00	0.00
Professional Fees	0.00	0.00
Amounts Due to Insiders*	644,646.47	644,646.47
Other Postpetition Liabilities (attach schedule)	325.00	0.00
TOTAL POSTPETITION LIABILITIES	644,971.47	644,646.47
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	1,829,863.73	1,829,863.73
Priority Debt	0.00	0.00
Unsecured Debt	85,416.62	85,416.62
TOTAL PRE-PETITION LIABILITIES	1,915,280.35	1,915,280.35
TOTAL LIABILITIES	2,560,251.82	2,559,926.82
OWNER EQUITY		
Capital Stock	0.00	0.00
Additional Paid-In Capital	0.00	0.00
Partners' Capital Account	185,933.53	185,933.53
Owner's Equity Account	0.00	0.00
Retained Earnings - Pre-Petition	0.00	0.00
Retained Earnings - Postpetition	-325.00	0.00
Adjustments to Owner Equity (attach schedule)	0.00	0.00
Postpetition Contributions (Distributions) (Draws) (attach schedule)	0.00	0.00
NET OWNER EQUITY	185,608.53	185,933.53
TOTAL LIABILITIES AND OWNERS' EQUITY	2,745,860.35	2,745,860.35

Insider is defined in 11 U.S.C. Section 101(31)

FORM MOR-3
(9/99)

Case No. 16-13893 (JNP)
Reporting Period: MARCH 2016

BALANCE SHEET - continuation sheet

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Current Assets		
Other Assets		
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other, Postpetition Liabilities		
Accrued Trustee Quarterly Fee	325.00	
Adjustments to Owner Equity		
Postpetition Contributions (Distributions) (Draws)		
None		

Restricted Cash: cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re HOVBROS FRIES MILL LLC
Debtor

Case No.16-13893 (JNP)
Reporting Period.: MARCH 2016

EXPLANATION

Amounts Due to Insiders - this amount is an intercompany payable

Secured Debt - is the TD loan for \$1,815,371.22 and taxes due to Twp of \$14,492.51

Unsecured Debt - is accounts payable to other vendors

In re HOVBROS FRIES MILL LLC
Debtor

Case No. 16-13893 (JNP)
Reporting Period: MARCH 2016

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding						0.00
FICA-Employee						0.00
FICA-Employer						0.00
Unemployment						0.00
Income						0.00
Other:						0.00
Total Federal Taxes	0.00	0.00	0.00	0.00	0.00	0.00
State and Local						
Withholding						0.00
Sales						0.00
Excise						0.00
Unemployment						0.00
Real Property						0.00
Personal Property						0.00
Other:						0.00
Total State and Local	0.00	0.00	0.00	0.00	0.00	0.00
Total Taxes	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable						
Wages Payable						
Taxes Payable						
Rent/Leases-Building						
Rent/Leases-Equipment						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Amounts Due to Insiders*						
Other:						
Other:						
Total Postpetition Debts	0.00	0.00	0.00	0.00	0.00	0.00

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

FORM MOR-4
(9/99)

In re HOVBROS FRIES MILL LLC
Debtor

Case No. 16-13893 (JNP)
Reporting Period: MARCH 2016

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	0
+ Amounts billed during the period	0
- Amounts collected during the period	0
Total Accounts Receivable at the end of the reporting period	0

Accounts Receivable Aging	Amount
0 - 30 days old	0
31 - 60 days old	0
61 - 90 days old	0
91+ days old	0
Total Accounts Receivable	0
Amount considered uncollectible (Bad Debt)	0
Accounts Receivable (Net)	0

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		X
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.		X
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	X	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	X	

FORM MOR-5
(9/99)



CERTIFICATE OF LIABILITY INSURANCE

JSHOV-6

OP ID: KD

DATE (MM/DD/YYYY)

04/21/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Martin Company 500 Jessup Road West Deptford, NJ 08066 Sam Martin	CONTACT NAME: PHONE (A/C No. Ext): 856-845-3636 FAX (A/C No.): 856-845-9191 E-MAIL ADDRESS:														
INSURED Hovbros Fries Mills, LLC 900 Birchfield Drive Mt. Laurel, NJ 08054	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Evanston Ins Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Ins Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		3C41104	04/08/2016	04/06/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

US Bankruptcy Court	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sam Martin
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